

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-001759
403 STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 403

FILED FEB 6 1963

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo.</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kan City mo.</u>		c. CITY OR TOWN <u>Kan City mo.</u>	
c. FULL NAME OF (If NOT in hospital, give location) <u>3940 me See</u>		d. STREET ADDRESS (If outside, give location) <u>111 Forest</u>	

3. NAME OF DECEASED (Type or print) First <u>Joseph</u> Middle <u>Olsen</u> Last <u>Olsen</u>			4. DATE OF DEATH Month <u>Jan</u> Day <u>21</u> Year <u>1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12-22-16</u>	9. AGE (last birthday) <u>86</u>	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber - Common</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>City of K.C. mo</u>	11. BIRTHPLACE (City and state or country) <u>Duluth Minn</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Frank Olsen</u>	13b. MOTHER'S MAIDEN NAME <u>Ann unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie Olsen</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Arrest</u> DUE TO (b) <u>Cardiac Decompensation</u> DUE TO (c) <u>Generalized Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour <u> </u> Month <u> </u> Day <u> </u> Year <u> </u> a.m. p.m.		

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u> </u>	COUNTY <u> </u>	STATE <u> </u>
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21. I attended the deceased from 12-9-1962 to 1/21/63 and last saw him alive on 1/21/63
Death occurred at 3940 me See K.C. mo. 24 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Harold L. Long D.O.</u>	22b. ADDRESS <u>2105 Independence Ave.</u>	22c. DATE SIGNED <u>1/21/63</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Jan 22 63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Banner Spring Kan</u>	23d. LOCATION (City, town, or county) <u>Banner Spring Kan</u>
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24. FUNERAL DIRECTOR <u>Alden Harrington</u>	25. DATE RECD. BY LOCAL REG. <u>1-22-63</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF
HAROLD L. LONG
MEDICAL CERTIFICATION

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. 682

working under my personal supervision

Student

Signature of Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.